

**CLAIMS ONLY**

Application Number \_\_\_\_\_ Filing Date \_\_\_\_\_

Applicant(s) \_\_\_\_\_

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*                          *	*                          *	*                          *
	Indep	Depend	Indep	Depend	Indep	Depend			
1	/						51		
2	/						52		
3	/						53		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep							Total Indep		
Total Depend							Total Depend		
Total Claims							Total Claims		